

**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

21141Y

First Named Inventor

DOUGLAS J. MacNEIL et al.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINATION THERAPY FOR THE TREATMENT OF OBESITY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/417,999	10/11/2002	21141PV2
60/396,603	07/18/2002	21141PV

**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number  →  
OR  
☒ Registered practitioner(s) name/registration number listed below

Place Customer Number  
Bar Code Label here

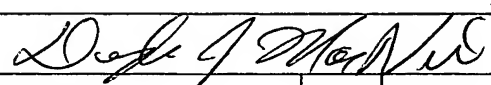
Name	Registration Number	Name	Registration Number
BAERBEL R. BROWN	<u>47,449</u>	MELVIN WINOKUR	<u>32,763</u>
CATHERINE D. FITCH	<u>36,502</u>		

Direct all correspondence to: ☒ Customer Number or Bar Code Label

000210

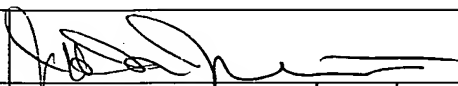
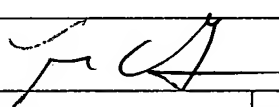
Name	BAERBEL R. BROWN				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-0672	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
<u>DOUGLAS L</u>			<u>MacNEIL</u>		
Inventor's Signature				Date	<u>Oct. 31, 2002</u>
Residence: City	<u>WESTFIELD</u>	State	<u>NJ</u>	Country	<u>U.S.A.</u>
				Citizenship	<u>U.S.A.</u>
Post Office Address	Merck & Co., Inc., P.O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JAMES H.				McINTYRE			
Inventor's Signature				Date		NOV 15, 2002	
Residence: City		PISCATAWAY		State		NJ NJ	
				Country		U.S.A.	
Citizenship				U.S.A.			
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City		Rahway		State		NJ	
ZIP				07065-0907			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
LEONARDUS H.T.				VAN DER PLOEG			
Inventor's Signature				Date		NOV 1, 02	
Residence: City		SCOTCH PLAINS		State		NJ NJ	
				Country		U.S.A.	
Citizenship				THE NETHERLANDS			
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City		Rahway		State		NJ	
ZIP				07065-0907			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Citizenship							
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City		Rahway		State		NJ	
ZIP				07065-0907			
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Inventor's Signature				Date			
Residence: City				State			
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Citizenship							
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City		Rahway		State		NJ	
ZIP				07065-0907			

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Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
AKANE				ISHIHARA											
Inventor's Signature		AKANE Ishihara			Date		11/08/2002								
Residence: City		TSUKUBA		State		IBARAKI		Country		JAPAN JPX		Citizenship		JAPAN	
Post Office Address		Merck & Co., Inc., P.O. Box 2000													
City		Rahway			State		NJ		ZIP		07065-0907				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
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Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address		Merck & Co., Inc., P.O. Box 2000													
City		Rahway			State		NJ		ZIP		07065-0907				
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Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
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City		Rahway			State		NJ		ZIP		07065-0907				
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Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address		Merck & Co., Inc., P.O. Box 2000													
City		Rahway			State		NJ		ZIP		07065-0907				
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Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address		Merck & Co., Inc., P.O. Box 2000													
City		Rahway			State		NJ		ZIP		07065-0907				

## DECLARATION AND POWER OF ATTORNEY -- Supplemental Priority Data Sheet

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